

2006 Questionnaire about Students with Disabilities

Q-991

To be completed by the **staff member most knowledgeable** about a student identified as having a disability.

Use a #2 pencil to complete this questionnaire.

NAEP Subject to be Assessed

(from column C on Admin Schedule)

Please respond to the subject-specific questions based on the subject of the student's booklet.

- ☐ C Civics
- ☐ E Economics
- ☐ M Math
- ☐ R Reading
- ☐ H U.S. History
- ☐ W Writing

SCHOOL #

--	--	--	--	--	--	--

Student Booklet ID

(from column N on Administration Schedule)

--	--	--	--	--	--	--	--	--	--

Session Number Admin Sched

--	--	--	--	--	--	--	--

Line #

Student Demographic Information

(from columns D and E on Administration Schedule)

Birth Date

Sex

--	--

Month

--	--

Year

--

1 = Male
2 = Female

DO NOT USE

--	--	--

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ADMIN USE ONLY

--	--	--

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control numbers for this information collection is **1850-0790**. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** NAEP/NCES, U.S. Department of Education, 1990 K Street N.W., Washington, D.C. 20006-5651.

A project of the Institute of Education Sciences.

This report is authorized by law (P.L. 107-110, 20 U.S.C. §9010). While your participation is voluntary, your cooperation is needed to make the results of the survey comprehensive, accurate, and timely. All responses that relate to or describe identifiable characteristics of teachers or schools may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

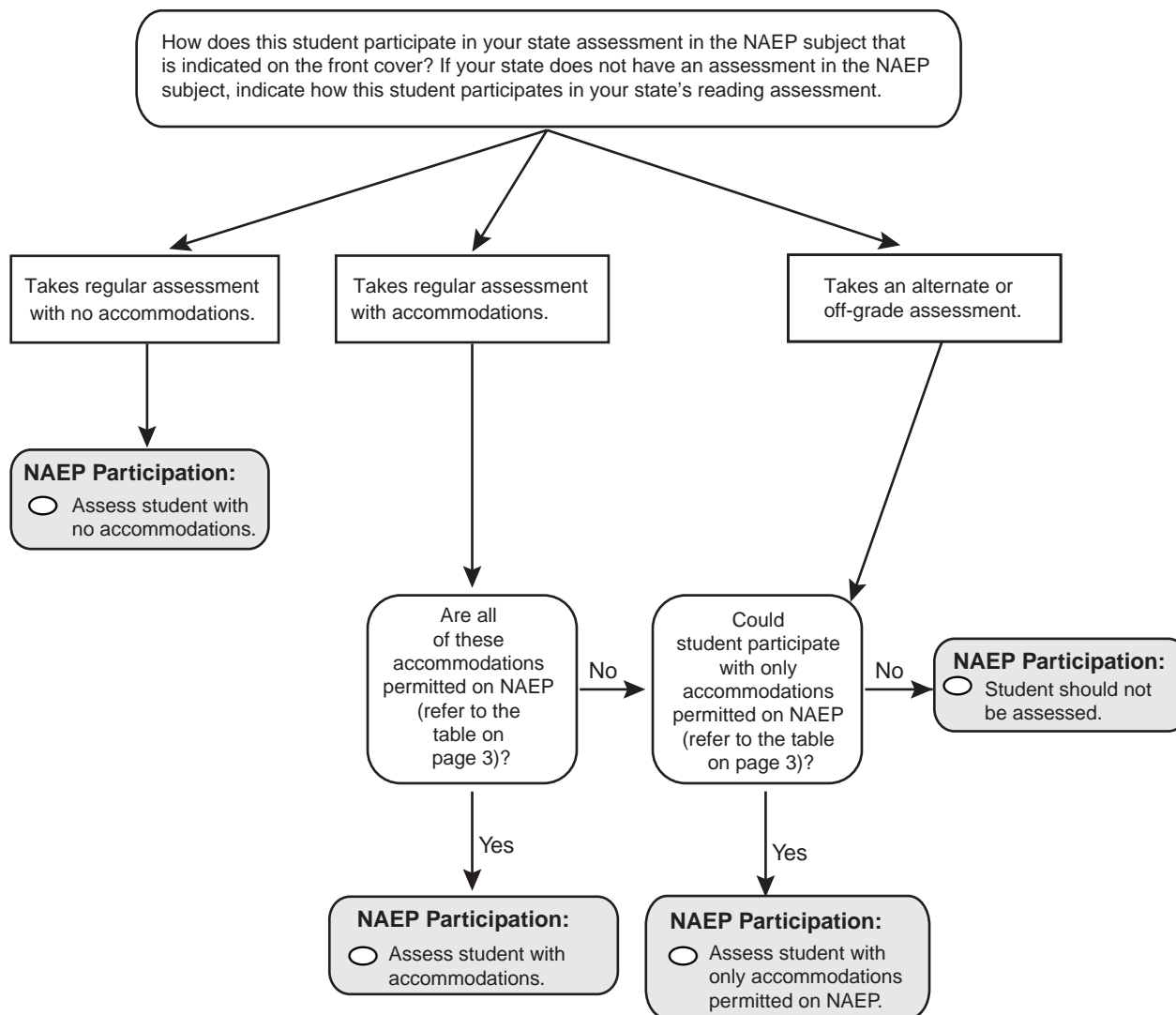
OMB No. 1850-0790 • Approval Expires 04/30/2007

Mark Reflex® forms by Pearson NCS EM-17XXXX-001:654321

Printed in U.S.A.

Inclusion of Students With Disabilities in NAEP

This student has been selected to participate in the National Assessment of Educational Progress (NAEP) in the subject indicated on the front cover. To determine how best to include this student in NAEP, please answer the questions in the chart below, starting at the top, following the appropriate arrows. When you have completed the chart, fill in the oval in the “NAEP Participation” box that describes how this student should participate in NAEP.



List of Accommodations Frequently Provided for Students With Disabilities

Please fill in the oval in column A for each accommodation the student receives in your regular state assessment of the NAEP subject indicated on the front cover. If your state does not have an assessment of the NAEP subject, indicate which accommodations, if any, this student receives in your state's reading assessment.

The information under column B indicates whether NAEP permits each of these accommodations in various subjects. Please use this information, together with the questions on the opposite page, to determine the accommodations this student should receive in NAEP.

This Student: (Fill in all ovals that apply.)	A Accommodations Student Receives on State Assessment	B Accommodations Permitted in NAEP, by subject			
		Civics, U.S. History, Economics	Reading	Mathematics	Writing
Does not take the regular state assessment (takes alternate or off-grade assessment).	<input type="radio"/>				
Receives no accommodations.	<input type="radio"/>				
Presentation Format					
Has directions read aloud, presented by audiotape, or repeated.*	<input type="radio"/>	Y	Y	Y	Y
Has directions signed.	<input type="radio"/>	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾
Receives assistance with interpretation of directions.	<input type="radio"/>	Y	Y	Y	Y
Has test questions, including passages or other test material, read aloud or presented by audiotape.	<input type="radio"/>	Y	N	Y	Y
Uses a Braille version of the test.	<input type="radio"/>	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾
Uses a large-print version of the test.	<input type="radio"/>	Y	Y	Y	N
Uses magnifying equipment.	<input type="radio"/>	Y	Y	Y	Y
Response Format					
Responds in sign language.	<input type="radio"/>	Y	Y	Y	Y
Uses a Braille typewriter to respond.	<input type="radio"/>	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾	Y ⁽¹⁾
Points to answers or responds orally to a scribe.	<input type="radio"/>	Y	Y	Y	Y
Tape-records answers.	<input type="radio"/>	N	N	N	N
Uses a computer or typewriter to respond.	<input type="radio"/>	Y	Y	Y	Y
Uses a template to respond.	<input type="radio"/>	Y	Y	Y	Y
Uses a large marking pen or special writing tool.	<input type="radio"/>	Y	Y	Y	Y
Writes directly in test booklet.*	<input type="radio"/>	Y	Y	Y	Y
Setting Format					
Takes the test in small group or individually.	<input type="radio"/>	Y	Y	Y	Y
Takes the test in a study carrel or separate room.	<input type="radio"/>	Y	Y	Y	Y
Receives preferential seating, special lighting or furniture.	<input type="radio"/>	Y	Y	Y	Y
Has test administered by a familiar person.	<input type="radio"/>	Y	Y	Y	Y
Other Accommodations					
Receives extended time.	<input type="radio"/>	Y	Y	Y	Y
Is given breaks during test.	<input type="radio"/>	Y	Y	Y	Y
Takes test sessions over several days.	<input type="radio"/>	N	N	N	N
Uses a calculator, including talking or Braille calculator, for computation tasks.	<input type="radio"/>	N	N	N	N
Uses an abacus, arithmetic tables, graph paper.	<input type="radio"/>	N	N	N	N
Uses dictionary, thesaurus, or spelling- and grammar-checking software or devices.	<input type="radio"/>	N	N	N	N
Receives other accommodations (specify): _____	<input type="radio"/>				

* Standard NAEP practice, not considered an accommodation.

⁽¹⁾ Not provided by NAEP, but school, district, or state may provide after fulfilling NAEP security requirement.

Please answer the following questions about this student.

VB338417

1. Which of the following describes this student's identified disability(ies)? **(Fill in all ovals that apply.)**

- ☐ A Specific learning disability
 - ☐ B Hearing impairment/deafness
 - ☐ C Visual impairment/blindness
 - ☐ D Speech or language impairment
 - ☐ E Mental retardation
 - ☐ F Emotional disturbance
 - ☐ G Orthopedic impairment
 - ☐ H Traumatic brain injury
 - ☐ I Autism
 - ☐ J Developmental delay (age 9 or younger)
 - ☐ K Other health impairment
 - ☐ L Other (specify)
-

VB338418

2. In your judgment, what is the degree of this student's disability(ies)?

- ☐ A Profound/Severe
- ☐ B Moderate
- ☐ C Mild

VC121987

3. What grade level of instruction is this student currently receiving in the subject indicated on the front cover?

- ☐ A This student is currently not receiving instruction in this subject.
- ☐ B At or above grade level
- ☐ C One year below grade level
- ☐ D Two or more years below grade level
- ☐ E I don't know.